

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09 264 160	FILING DATE 1-19-01
							CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
TOTAL IND.	3							
TOTAL DEP.	7	↓	↓	↓	↓	↓	↓	
TOTAL CLAIMS	10	↓	↓	↓	↓	↓	↓	
	SEARCHED	INDEXED	MAILED	FILED				
	1	2	3	4				
TOTAL	1	2	3	4				